

ANNUAL REGISTRATION STATEMENT  
INDEPENDENT LIVING RETIREMENT COMMUNITY  
UNDER RSA 161-J

\*\*\*\*\*

NAME OF FACILITY/COMMUNITY:

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing address):

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED AGENT (if applicable) (Please include name, address and telephone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF THE TYPE OF AVAILABLE SERVICES THE FACILITY  
PROVIDES OR OFFERS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE INDEPENDENT LIVING RETIREMENT COMMUNITY SHALL ENSURE THAT  
THIS REGISTRATION STATEMENT IS AVAILABLE TO CURRENT AND  
PROSPECTIVE RESIDENTS OF THE COMMUNITY UPON REQUEST (RSA 161-J:10)**

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Print or Type Name

**PLEASE RETURN THIS FORM TO:**  
**NH ATTORNEY GENERAL – DEPARTMENT OF JUSTICE**  
**CONSUMER PROTECTION & ANTITRUST BUREAU**  
**33 CAPITOL STREET**  
**CONCORD, NH 03301**

4/1/04

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